PHILADELPHIA MEDICAL TIMES.

SATURDAY, JULY 5, 1873.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON A CASE OF JAUNDICE, WITH REMARKS ON THE AVAILABILITY OF PETTENKOFER'S TEST FOR THE BILE-ACIDS.

Delivered May 14 and 21, 1873.

BY JAMES TYSON, M.D.,

One of the Physicians and Pathologist to the Philadelphia Hospital.

GENTLEMEN:—A mere superficial inspection of this patient will reveal the most salient symptom of the case,—a symptom which, like dropsy, from its conspicuousness has assumed in the eyes of the uneducated the dignity of a disease. But, although a mere symptom, it is true of it, as of dropsy, that there is sometimes advantage in its study in relation to the different diseases it attends, though in so doing we may appear to assign it an importance which does not strictly belong to it.

This patient, then, as you see, has jaundice, and it is a jaundice not to be mistaken. Not simply have the conjunctivæ a bright-yellow color, but even through the duskiness natural to him as a colored man do we observe the same yellow hue throughout his entire body. Let us read his history, and discover, if possible, the import of this jaundice:

B. B., colored, æt. 50, was admitted to the Philadelphia Hospital May 5, 1873. He is unmarried, temperate, but had syphilis thirty years ago. He is a ship's cook, and has spent most of his life at sea. His present illness began in December, 1872, with vomiting, chiefly of mucus, though after this had continued some time a small quantity of blood was also thrown up. The vomiting first occurred in the morning. At noon he went to his boarding-house feeling very ill, and at half-past six o'clock the same evening he was seized with diarrhœa. His own attention seems not to have been called to the jaundice until three weeks after his illness began.

These symptoms continued, and four days after the vomiting set in, he discharged by his mouth large quantities of pure blood, which coagulated on standing. He says he did not vomit it or cough it up; it simply ran from his mouth; and he thought the quantity a pint and a half.

The diarrhœa continued with interruptions until his admission to this hospital. On admission he was emaciated, his mind clear, his pulse 100, temperature 98°, his conjunctivæ and skin yellow, his tongue coated, and he had had twelve thin, watery stools the day before admission. When the evacuations became more consistent, they were observed to be dark gray in color,—potter's-clay-colored. His urine when viewed in bulk was reddish-yellow, but in thin layers bright yellow in hue; it contained no albumen. Gastric irritability had apparently ceased.

Physical exploration discovered but slight tenderness in the region of the liver. The anterior limits of the liver's dulness were not changed; the superior border being in the fifth interspace, the inferior at a line extending from the free border of the ribs to the median line. Laterally, however, the upper border of the liver was on a level with the sixth rib instead of the highest limit usually assigned in health,—the seventh interspace. The inferior lateral border was at its normal position,—the edge of the ribs. Posteriorly the superior border of the liver was noted at the eighth interspace; the inferior border appeared to be normally situated.

Let us now cull out the most striking symptoms of his history. They seem to be—1. The vomiting of mucus, and the diarrhœa. 2. The escape of blood from the mouth. 3. The jaundice. 4. The slight enlargement of the liver. 5. The presence of color-elements of bile in the urine. Note, also, the long duration of the jaundice, and the absence of pain, of marked tenderness, and of much enlargement of the liver.

In determining the disease of this patient, we naturally hover about jaundice as a centre. Now, what are the causes of jaundice? Unfortunately, they are numerous.

Not rarely jaundice is produced by emotion; it may also have its origin in certain general diseases, as yellow or remittent fever, and sometimes in typhus fever; or it may occur in the course of local disease of other organs, as in pneumonia,—and such pneumonias are generally fatal; but it is clear that we have here nothing to do with any such causes.

The most common causes of jaundice are those which, on the one hand, interfere with the secretion of bile, and thus cause its elements to be retained in the blood; or, on the other, prevent its removal from the gall-ducts, or its reservoir the gall-bladder, and thus permit a reabsorption of its elements by the blood. The result is the same,—a local deposition of bile-pigment in different parts of the body, and its appearance in the various secretions, particularly the urine. It is clear that such disease as causes deficient secretion, or, as it is technically called, *suppression*, must involve the parenchyma of the organ,—*i.e.*, its secreting structure; while *obstruction* will be produced by any affection involving the ducts or gall-bladder, or by any cause pressing upon them, whether it reside in the liver or an adjacent organ. Now, if it were possible, by the examination of any secretion, or otherwise, to settle the question whether the difficulty is one of *suppression* or of *obstruction*, it is equally clear that half of the difficulty in diagnosis would be overcome. Is this the case? Some, as Harley, do not hesitate to say so, while others, as Murchison, deny it. Let us see whether it is possible to determine the actual state of the question.

Harley declares that in cases of *obstruction* and *reabsorption* of bile the biliary acids are found in the urine, but that in cases of *suppression* the biliary acids are wanting in the urine. Now, theoretically this is what we should expect, on the supposition that the bile-acids are, as is generally believed, formed in the liver, since if secretion is interfered with no acids are produced; whereas if bile is secreted and subsequently reabsorbed the acids must be absorbed with it, and may then be thrown off by the kidneys.

Now, what are the means at our disposal for determining the presence of the elements of bile in the urine? To determine the presence of coloring-matter is easy, since, if simple inspection is not sufficient, we have only to place a drop of the urine upon a porcelain plate, and adjacent to it a drop of *nitroso-nitric* acid (the nitric acid is not nearly so satisfactory, especially if the quantity of biliary coloring-matter is small), and allow the two to approach, when, if the coloring-matter be present, a peculiar iridescence is noted, in which, if complete, there appears at first a *green*, which becomes more intense and then passes over into *blue*, *violet-red*, and finally *yellow* or *yellowish-green* again. All of these colors do not always appear, the violet and green being usually longest visible, and the first green the most indispensable. Another method of applying the same test consists in placing a small quantity of the acid (half an inch or an inch in depth) in the bottom of a test-tube, and allowing the urine gently to fall upon it from a pipette. The same play of colors, with more or less completeness, appears at the zone of contact. The reaction, you perceive, is unusually distinct in this case.

The determination of the bile-acids is, however, by no means so simple. Pettenkofer's test for them is familiar to most of you, but if you have no further knowledge of it than is contained in most text-books you will have concluded that its application is a very simple matter. The fact is that it is totally inapplicable to urine or indeed any organic fluid containing bile-acid even in considerable quantity. It is true that a watery solution of ox-bile or even of the inspissated ox-bile of the shops will give the beautiful cherry-red passing over into an opaque purple reaction of the bile-acids on the addition of a drop of syrup and subsequently sulphuric acid, drop by drop, until a bulk is added equal to that of the fluid to be tested. And the same result will sometimes follow the application of the test to urine to which either of these substances has been added. But if the test be applied to urine to which human bile has been added, or even to a watery solution of human bile, no reaction takes place except that due to the action of the acid upon the sugar. Nowhere are the cherry-red and purple colors seen. Evidently some cause interferes to mask the reaction. Nor have any of the modifications of Pettenkofer's recently announced as clinically available proved such in my hands, even where the biliary constituents have been added to urine, except where ox-bile has been used. The method I now exhibit to you is that of Strasburg, and recommended by Brunton in the new "Handbook for the Physiological Laboratory" by Burdon-Sanderson, Klein, and others. The urine to be tested is mixed with a dilute solution of cane sugar, and a piece of filtering-paper is moistened with the mixture and dried. The pieces of paper I now exhibit to you have been thus treated, some with normal urine, and some with the biliary urine from the patient before us. The next step consists in allowing a drop of pure concentrated acid to flow over the paper, when a beautiful purple "should be produced if the slightest trace of biliary acids be present." You observe that none of the papers—either those treated with normal or with biliary urine—exhibit this reaction. So that, if this test be relied on, no biliary acids are present in the urine of this patient. Yet when I tell you that I have thus treated filtering-paper with urine to which bile has been added, and have obtained no reaction with human bile, though I have obtained it with ox-bile, you will understand that this result can scarcely be relied upon. Can the question be settled in any way? I believe it can, but only by extracting and obtaining a solution of the bile-acids as free from color as possible. This may be done in the following manner. Six or eight ounces of the suspected urine are evaporated to dryness over a water-bath. The residue thus obtained is treated with an excess of absolute alcohol, filtered, and the filtrate treated with an excess of ether (twelve to twenty-four times its bulk), by which the bile-acids, if present, are precipitated. These are then removed by filtration and redissolved in distilled water. The solution is then decolorized by passing through animal charcoal, and Pettenkofer's test applied to the resulting colorless fluid. If the bile-acids are present, the cherry-red color will appear before the yellow discoloration due to the action of the sulphuric acid on the sugar.

A most frequent source of error is in the use of too much sugar. Thus, a drop or even two drops are often added of syrup containing so much sugar as to certainly mask human bile-acids if present in small quantity, although the reaction may obtain with the acids of ox-bile. A twenty per cent. solution of sugar should be used, *and of this only a single drop*. The officinal simple syrup is 250 per cent.,—that is, 2½ parts sugar to 1 water; whereas the proportion should be 1 sugar to 4 water. The method described, though somewhat tedious, is practicable even to the general practitioner, and when carefully practised may be regarded as reliable. For although other substances (olein, oleic acid, oil of turpentine, oil of caraway, and, according to Thudichum, also lithafellic acid, and cerebric acid "with rare intensity") have been found to respond similarly, yet these are not likely to be met with under the circumstances named. I might add also that Thudichum has discovered that there is a difference in the spectra of the colored test solutions, the biliary acids showing two bands, cerebric acid and vitellin only one. But these he tells us are difficult to observe, and require sunlight or the oxy-hydrogen light for their complete development.

Now, what are the facts in the case before us? I present you an uncolored solution obtained in the manner described from the urine of our patient. I now add a single drop of the very dilute solution of sugar, and now the sulphuric acid, drop by drop. A considerable bulk has been added, and you perceive no red color appears. Continuing the addition of acid, a yellow color begins to make its appearance. This is due to the decomposition of the sugar by the acid: were the quantity of sugar larger, the yellow would pass into brown.

But I have not relied upon this test alone. Desir-

ing to be absolutely certain, I have asked my friend Dr. Horace B. Hare to treat the urine by Hoppe-Seyler's process, acknowledged to be the most exact method. He has done so, and writes me that "*the urine contained no bile-acids.*"*

We have learned, then, that the bile-acids are *not* present in the patient's urine, and thence, following Harley, we would conclude that the parenchyma of the organ is involved. But the conclusions arrived at in a further careful study of the case are incompatible with this view, in this respect confirming the position taken by Murchison and others. I do not wish to be understood as denying that the bile-acids are ever found in the urine. On the other hand, Hoppe-Seyler has proven conclusively that they do occur; and I myself have found them by the process above described. I simply deny their necessary association with obstruction.

Let us determine the result to which such study leads us. What are the results of *physical exploration?* Palpation, you will notice, exhibits now absolutely no tenderness; and, although percussion shows the superior border of the liver to be somewhat higher than in health, laterally and posteriorly, yet the enlargement is not great, and there is none of that enormous extension of the liver below the edge of the ribs which is common to cancer of this organ. Further, neither percussion, nor palpation, nor, indeed, any of the symptoms, point to tumors of the stomach, pancreas, or other viscera which could produce obstruction of the gall-ducts. The absence of paroxysmal pain would also eliminate obstruction by a calculus. And yet that there is obstruction of some kind is evident from the hemorrhage, which, there is reason to believe, came from the stomach. Cirrhosis of the liver at that stage which would cause congestion and hemorrhage from the stomach by obstructing the hepatic circulation would be attended by diminished size of the organ and diminished area of dulness, and most likely, also, by ascites. These, however, are wanting.

What other symptoms remain to be considered? Only the irritable stomach, the vomiting, and the diarrhœa. But these, in connection with what has been said of the other symptoms, are by no means insignificant; indeed, in my belief they determine the diagnosis,—*inflammation of the biliary passages*, or "icterus catarrhalis with resulting obstruction." This condition is almost invariably preceded by these symptoms of gastro-intestinal catarrh, of which it is, indeed, an extension into the biliary passages. In connection with these, the very marked jaundice, the discoloration of the fæces, the slight tenderness, the small degree of enlargement, the absence of paroxysmal pain and of all symptoms of disease of adjacent organs, together with the absence of grave constitutional symptoms, all point to obstruction, most likely due to inflammation of the gall-ducts,—obstruction notwithstanding the absence of bile-acids from the urine. For, even if our own method be deemed insufficient, that of Hoppe-Seyler, followed by Dr. Hare, is accepted by the most critical as accurate and trustworthy.

The progress of the case, too, adds confirmation to this opinion. Six months have now elapsed since the symptoms set in; and, although the man was very ill on admission, he has greatly improved since under treatment, while the jaundice remains as marked as ever. One feature of the case, however, remains to be noted; and that is its duration. Biliary catarrh is generally a disease of short duration, not often continuing more than a month. But this is not invariable. Da Costa, in "Medical Diagnosis," third edition, p. 535, refers to the case of an adult male, aged 60, which occurred under his care in this hospital, and which terminated fatally. "At the autopsy the gall-bladder was found enormously distended, its coats thin, yet otherwise scarcely abnormal; but the common duct was obliterated by inflammation."

This suggests also the *prognosis*. And, although the disease generally terminates favorably, and our patient has improved under treatment, we fear from its long duration permanent occlusion and an ultimately fatal result. Indeed, the parallel to the case alluded to is a striking one, and I fear a similar termination.

What *treatment* is likely to avail us in these cases? Is it desirable to give remedies to promote the action of the liver, when there is already obstruction to the exit of the bile secreted? We believe not. On the other hand, we should expect by such treatment to increase the congestion, and thus hasten an unfavorable termination. And this is indeed the result of experience. We have already alluded to the frequent dependence of catarrh of the bile-ducts upon gastric and duodenal catarrh. The treatment of one would seem, therefore, to be the treatment of the other,—a conclusion also justified by experience. In the incipiency of the attack an emetic might be useful, which, in addition to relieving the stomach, might, by the jactitation induced, relieve the gall-ducts of a plug of mucus or force the bile past a swollen mucous membrane, and thus relieve the obstruction. When, however, there is permanent obstruction, as we fear here to have been induced, the emetic is of questionable propriety. Purgatives might be used for a similar purpose; but we believe the time for these, except to relieve constipation, is also past in this instance. The alkaline carbonates and the alkaline spring waters, as those of Karlsbad and Marienbad in Germany, and the Saratoga waters in this country, etc., useful in gastro-intestinal troubles, are indicated for the same reason in biliary catarrh. But, the acute symptoms having subsided, they cannot be expected to be of as much service in this case; whereas if they increase the secretion of bile, as is contended for by some,

* The following is Hoppe-Seyler's process, as furnished me by Dr. Hare: "Precipitate with subacetate of lead and ammonia; wash the precipitate somewhat with water; boil precipitate with alcohol, and filter hot. (The alcohol takes out the bile-acid salt of lead.) To this solution, after filtration, add enough solution of caustic soda to decompose all the bile-acid salt of lead. (We now have a bile-acid salt of soda.) This solution is to be evaporated to dryness; residue to be extracted with absolute alcohol. (This takes up the bile-acid salt of soda, leaving the lead behind.) Filter. Precipitate filtrate with excess of ether; allow to stand; pour off supernatant fluid; dissolve precipitate in water, and apply Pettenkofer. Much care is needed in this; for some lead follows on closely throughout."

their tendency must be pernicious. Where there is permanent obstruction, calomel is, for the same reason, interdicted. On the other hand, the removal of the elements of bile by organs supplementally acting should be encouraged. Such organs are the kidneys and the skin. Diuretics and diaphoretics are therefore indicated, and particularly such diuretics as would improve the condition of the blood at the same time. One of these is the solution of acetate of iron in the form of the so-called Basham's mixture.* The ordinary sweet spirit of nitre is a useful adjuvant tending to the skin. A remedy having considerable reputation in all cases of jaundice is nitro-muriatic acid. Its precise mode of action upon the liver is not determined. Niemeyer suggests that it may excite the muscular coat of the bile-ducts to contraction, rather than increase the activity of the liver-cells. Whatever its mode of action upon the liver may be, it is unquestionably an excellent tonic and improver of digestion. Akin to this is the fluid extract of taraxacum. And these remedies in connection with quin. sulph., gr. ij, four times a day, and easily assimilated food,—milk, beef-essence, etc.,—have constituted the treatment of our patient, under which he has greatly improved. He has been taking the acid and taraxacum in the following prescription:

℞ Ac. nit. mur., gtt. cxxviij;
Fld. ext. tarax., f℥iss;
Tr. hyoscyam., f℥ss. M.
S.—Teaspoonful three times a day.

The hyoscyamus, fulfilling no special indication, will be omitted from this date, but the acid will be continued in diminished doses (minims x of the dilute preparation with f℥j of the fluid extract of taraxacum), while the nitro-muriatic acid will also be used externally in a foot-bath (f℥ss to a bath). His bowels, the discharges from which continue ashen-hued, are kept sufficiently open.

Calomel we will eschew, although he received this drug soon after admission; but this was before his case was thoroughly studied. On admission he also received a dose of castor oil, followed by pills of opium and acetate of lead until his bowels were brought under control.

CONCLUSION.

While this lecture was being printed, the patient upon whose case it was based died; death having been preceded for ten days by a gradually increasing mental hebetude.

Post-mortem Examination, June 25, 1873, twelve hours after death.—Emaciation marked, though not excessive. Connective tissue throughout yellow with bile-pigment, even in the tissue of the lungs, bowels, and peritoneum. The serous fluids were similarly tinged.

Thorax.—There were no adhesions, and the lungs were normal. The heart was also healthy.

Abdomen.—The liver was adherent to the under surface of the diaphragm for a short distance on each side of the normal line of attachment by the suspensory ligament; it was also adherent to the stomach and duodenum, and in separating these adhesions with the finger the latter suddenly penetrated the gall-bladder, from which immediately ran at least twelve ounces of an apparent mixture of blood and bile. Further examination showed the upper boundary of the gall-bladder to be the parenchyma of the liver; that is, the membranous wall of the gall-bladder and the capsule of the liver seemed to be altogether wanting, the cavity of the gall-bladder being as it were an excavation in the structure of the liver, but bounded on its under surface by the proper membranous wall of the gall-bladder, which was much attenuated. Into this cavity opened two large canals of such a diameter as easily to admit the finger,—either large blood-vessels or dilated gall-ducts.

On passing a probe through the common duct it met with decided resistance at a point an inch in advance of the union of the hepatic duct with the cystic duct. To the external touch the hardness suggested a gall-stone about four lines in diameter, but on section it was found to be a cylindrical fibrinous mould of the canal, six lines in length, and in diameter sufficient completely to occlude the duct and prevent the egress of bile from the gall-bladder. Beyond this point, both the hepatic duct and the cystic duct appeared to become flattened, shreddy masses, and could not be traced into the gall-bladder, into which therefore apparently the bile was admitted directly from the liver, the ducts of which were distended and filled with bile throughout. A singular and interesting feature was a distention of the common duct between the point of its opening into the duodenum and the point of obstruction. This could only be accounted for on the supposition that there was also obstruction at this point, and that the secretion of the pancreas which is normally poured out of the same orifice was backed into the common duct as far as the point of obstruction, producing dilatation. That such obstruction at the orifice of entrance into the duodenum should exist is not unlikely, though I regret to say it was not carefully examined, the dilatation not being discovered until the liver and common duct, with a portion of the pancreas, had been removed from the body.

The liver itself weighed 3 lbs. 11 oz. (normal weight 1 lb. 8 oz. to 4 lbs.), and was increased in its vertical diameter, but diminished in its lateral, so that its cubic contents were perhaps about those of a normal organ. It was, however, congested and cirrhotic, and the gall-ducts everywhere distended with bile.

The spleen was enlarged, contained also an excess of fibrous tissue, and weighed 17 oz.

The pancreas was stained with bile, but apparently healthy.

* ℞ Liq. ammon. acetatis, f℥iij;
Tr. ferri chl., f℥ij;
Ac. acet. dest., f℥ij;
Curaçoæ vel syrupi q. s. ad fac. f℥vj. M.
S.—Tablespoonful three or four times a day.

ICE IN THE RECTUM IN THE TREATMENT OF NARCOSIS OF CHLOROFORM (*Bulletin Générale Thérapeutique*, April 15, 1873).—According to Dr. Baillée, there is no more energetic means of overcoming the narcosis produced by chloroform than the introduction of a small piece of ice into the rectum. It can be pushed through the sphincter without the employment of much force. It immediately melts, producing a deep inspiration, which is the precursor of natural respiration and the re-establishment of cardiac functions. He recommends the same plan to be pursued in cases of apparent death in new-born infants.

POST-PARTUM HEMORRHAGE.—A correspondent of the *Lancet* (May 24) details a case of profuse post-partum hemorrhage which was arrested at almost the last hour by the injection into the uterine cavity of a solution of tannin, containing four drachms to the pint of water.

NOTES OF HOSPITAL PRACTICE.

[Although these cases of Dr. Atlee occurred in private practice, yet the most appropriate place for their record seems to be under "Notes of Hospital Practice." The reports will be regularly continued.]

CASES OF OVARIOTOMY.

BY WASHINGTON L. ATLEE, M.D.,
Of Philadelphia.
Reported by J. EWING MEARS, M.D., of Philadelphia.

CASE 238.—*Multilocular ovarian tumor, tapped six times; extensive parietal and omental adhesions; incision five inches in length; death on the eighth day.*

June 7, 1871, Dr. Atlee visited Mrs. G., of Brooklyn, in consultation with Dr. W. K. Brown. She was 55 years old. Menstruation commenced at the age of fifteen, and was regular, painful, not profuse, and lasted four days. She was married at the age of twenty-two, had eight children, nursed them eighteen months, and had free lactation. Menstruation was suspended during lactation. The menses ceased at the age of forty-eight.

September, 1869, she was seized with pain in the right side, and in April, 1870, two tumors were noticed by Drs. Sabine and Brown, occupying a central position, inclining towards the right inguinal region. They were hard to the touch, and the patient experienced pains of an expulsive character, with movements resembling those of a fœtus. The tumors were thought to be fibroid, and, by some, malignant, and the fluid, which soon after accumulated, was supposed to be in the peritoneal cavity. November 24, 1870, she was tapped, and four gallons of dark-green syrupy fluid were removed. January 15, 1871, she was tapped again. The fluid was similar in color, but thicker, and containing cheese-like flakes. The tappings were repeated on the 22d of February, the 28th of March, the 22d of April, and the 15th of May,—in all six times. After each tapping a large, solid tumor was detected occupying the right side. It was circumscribed, movable, and not tender on pressure. She always rallied after the tappings, excepting the last one. During the last month emaciation was rapid.

On examination, the patient was found to be larger than a woman at full period of pregnancy, although so recently tapped. She was much emaciated. The whole abdomen was elastic, and more or less fluctuating, but the fluctuation was most distinct throughout the upper portion. The only resonant point was over the left hypochondrium. No ridges or nodules could be distinctly detected, although considerable resistance to pressure could be felt over the lower part of the right side. The lower extremities were swollen, and the hypogastric region was œdematous. The uterus was elevated, and rather fixed in position. The pelvis was free.

Diagnosis.—Multilocular ovarian tumor. Ovariotomy was performed, the following gentlemen being present: Drs. W. K. Brown, D. E. Kissam, W. A. Kissam, H. S. Smith, G. K. Smith, T. Fleet Speir, E. N. Chapman, and J. E. Clark, all of Brooklyn, New York.

On examining the left ovary, a cyst as large as a filbert was found on its distal extremity, and freely incised.

The tumor was multilocular, consisted of the right ovary, and, with its contents, was estimated to weigh about fifty pounds.

Died on the eighth day, of pyæmia.

Dr. S. Fleet Speir examined the tumor after its removal, and reported as follows: "The tumor was found to be a simple ovarian cyst, containing a viscid, glairy, slightly opaque, and albuminous fluid. The envelope was thin in some parts, and in other places thick, and on its inner surface, near its connection with the ovarian structure, there were some hypertrophied villi. On microscopic examination, no evidence of malignant disease was discovered."

TRANSLATIONS.

THE ACTION OF COLD WATER UPON THE SPLEEN.

BY DR. R. M. BERTOLET.

PROF. FR. MOSLER gives, in *Virchow's Archives*, vol. lvii. (1873), Heft 1, the details of a very interesting series of experiments performed upon the lower animals to ascertain the action of cold water upon the contractility of the spleen. The results obtained prove conclusively that a decided contraction of the normal healthy spleen is brought about when cold water, either in the form of the douche or ice-bags, is applied directly to the exposed organ, or simply upon its integumentary coverings; that by the former method a more marked diminution of the volume, a more highly granular condition of the surface of the spleen, is obtained than when the skin is allowed to intervene. The granular condition of its surface, the firm consistence of its parenchyma, and the diminution of the organ, are more marked the longer the time of application. When the cold water is applied to the exposed organ, the appearances presented in it are similar to those observed after the use of large doses of quinine.

The practical upshot of these experiments lies in the fact that Prof. Mosler was led to make a number of most careful observations upon the therapeutic value of cold water in both acute and chronic splenic tumors, and that he finds it a valuable adjuvant to the internal administration of quinia or cinchonia in all such cases.

The beneficial effect of combining these two methods of treatment is conclusively shown in the clinical records of cases of intermittent fever, leukæmia, pseudo-leukæmia, etc., the enlarged spleen in every instance being sooner or later reduced in size.

The cold douche is applied to the region of the spleen twice daily, from 1½ to 2 minutes at each time. The possibility of also obtaining a mechanical effect by the cold douche has led the author to give it the preference to the simple cold compress or lumps of ice.

The results that Prof. Mosler has obtained from his observations and experiments may be thus summarized:

I. Direct contact of cold water upon the normal spleen produces a visible contraction of the organ.

II. A lesser degree of contraction is obtained in the normal spleen when the cold water is applied upon its integumentary coverings.

III. Also in the pathological splenic tumors, acute as well as chronic, the action of cold water is demonstrable in the diminution of their size immediately after its use.

IV. The febrile paroxysms of intermittent fever can be terminated by the cold douche when used one or two hours before the precise time of the expected attack.

V. The cold douche does not deserve the preference to quinine either in recent or protracted cases of intermittent fever.

VI. The curative action of the cold douche in intermittent fever is not complete. It does not always prevent a return, and leaves, also, as does quinine, a chronic splenic tumor.

VII. The splenic tumor of typhus is also diminished by the application of cold water.

VIII. A combination of the application of cold water upon the spleen, either in the form of cold baths, or ice-bags, or cold douches, and at the same time the exhibition of quinine, is preferable in the treatment of acute and chronic splenic tumors to the use of either of these means alone.

IX. In the treatment of chronic splenic tumors, the combination of the application of cold water upon the region of the spleen, with the administration of the much cheaper alkaloid cinchonia, is to be recommended.

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EDITORIAL.

WOMEN IN HOSPITALS.

THE vexed question of woman in medicine—her present and future—is a rather warm one for a season so close to the dog-days, but we learn from the *London Lancet* that admission has been demanded by some of the advanced thinkers of Birmingham to all the advantages offered by the Medical School of Queen's College, and that, whilst the proposal has met with a favorable consideration from the teachers of the school, the students are opposed to it. The *Lancet* thinks that neither the parents of the young gentlemen nor the patients of the hospital have been consulted, and, after asserting that they ought to be, says:

"We wish to know whether the male patients of the Birmingham charities are prepared to have catheters passed, hydroceles tapped, or hernias manipulated by the hands of *female* students; for, unless they are, those ladies cannot properly learn their work. We quite agree with the writer we have already quoted when he says:

"'Female practitioners can never be of any use whatever to the public unless they go through exactly the same training, both mental and moral, as their male competitors; and, as in after-life they can never practise any department of the profession isolated from men, it is absurd that they should start and spend the most important part of their professional existence apart from them.'

"All this is perfectly true; but, so long as human nature is what it is, we do not believe decent men will willingly submit to surgical treatment at the hands of the opposite sex."

We ask, Why not? *Chacun à son gout.*

And so said a female medical student in a communication published in an issue of the *Lancet* subsequent to that from which the above quotation is taken; whereupon the editor of the *Lancet* replied:

"We regret to have to put our statement more forcibly and plainly than we did before, but the extreme ignorance or innocence of our correspondent demands it. Our view is that 'so long as (masculine) human nature is what it is,' we do not think male patients can be submitted to manipulative examination by female students without the risk of an involuntary manifestation of excitement which would be painful to both parties."

WE are glad to inform our readers that Professor Ferrier and Dr. Lauder-Brunton, of London, have promised to be regular contributors to our journal. In a letter to the editor, Dr. Brunton, speaking of Professor Ferrier, says, "He has obtained a grant from the Royal Society to pursue his researches on monkeys. Already his experiments on his simian cousins have been commenced, and the results are most satisfactory. He can make an animal follow his command by simply touching different parts of the brain by the electrode, and 'eyes right,' 'eyes left,' 'eyes open,' 'eyes shut,' 'mouth open,' 'mouth shut,' 'tongue out,' 'tongue in,' etc., follow as certainly as the machinery of a London penny steamer follows the commands, 'ease her,' 'stop her,' 'back her.'" It certainly looks squally for Professor Brown-Séquard's theory of the origin of brain-symptoms.

DR. TYLER SMITH, the eminent obstetrician, died suddenly, on the 3d ult., at Richmond, near London, from the effects of cerebral hemorrhage. He had been for some time ailing in health, and indications of Bright's disease of the kidneys and of arterial degeneration had been detected. Subcutaneous ecchymoses, and occasional attacks of severe epistaxis, preceded the apoplectic seizure, which was, however, apparently unexpected, as he was found insensible by the road-side and died in the Richmond Infirmary. His career as a philosophic thinker, an accomplished writer, and a successful practitioner was one of considerable activity and honorable achievement. He is known to the profession through his able monographs on parturition and its processes, and on the pathology and treatment of leucorrhœa, and also as the author of

what was, in its day, one of the best manuals of obstetrics in the language.

OUR editorial upon the use of ether in a recent number of the *Times* has called forth a letter from Dr. R. J. Levis, of the Pennsylvania Hospital, from which we make the following extract:

"I have repeatedly etherized very aged persons, and recognize no manifestations peculiar to them. One of the cases was that of Mrs. Hopkins, No. 545 North Sixth Street, etherized profoundly, at the age of *ninety-six*, and a perfectly successful operation of extraction of cataract performed.

"Another, a patient of the late Dr. C. H. Taylor, of this city, aged *ninety-two*, was etherized to complete anæsthesia and muscular relaxation, and I performed the operation for strangulated hernia, which was followed by recovery."

H. NOAH MARTIN, Professor of Practice of Medicine in Hahnemann Medical College of Philadelphia, has made the discovery that for gentlemen of color no medicine is like unto nux vomica. "Where no indications for any special medicine can be found," he says, "give nux vomica to colored people with reasonable assurance of benefit." Who can sound the depths of human fatuity?

IN a letter to a gentleman living in this city, Professor Alfred S. Taylor, of London, says, "With regard to the Van Ness case, I can see nothing to prove that the symptoms were caused by strychnia. In a new edition of my work on Poisons, which I hope to prepare, I shall examine more minutely these two cases [two Wharton trials.—*Ed. M. T.*], which are very important in relation to medical evidence."

OWING to the approach of the epidemic, we shall devote our next number entirely to cholera.

It will contain a lecture upon the subject by Prof. Stillé, an original article on the value of sulphuric acid as a prophylactic by Dr. R. G. Curtin, and a leader upon disinfectants by Dr. H. C. Wood, Jr., besides a sketch of the present epidemic, and other matters of interest.

WE have to thank Dr. Caldwell for a copy of the constitution and by-laws of the Maryland Epidemiological Association, a recently formed and apparently live society of Baltimore.

CORRESPONDENCE.

LONDON LETTER.

[*From Our Own Correspondent.*]

Professor Sharpey and Professor Owen—The Royal Society—Dr. Radcliffe's Croonian Lectures—The Emperor Napoleon's Sleeve-links—Sir Henry Thompson's Fee—The Contagious Diseases Acts—The Results of their Operation—Parliamentary Division in their Favor—Compulsory Registration of Births and Deaths—New Books—Haughton and Helmholtz on Teleology—Practical Physiology.

I HAVE not before me a copy of my last letter, and do not very clearly remember to what date my chronicle of recent events has been brought. The most recent of minor events are the promotion of Professor Owen to the Commandership of the Bath, the operation on Professor Sharpey, our dean of physiologists, for cataract, and the presentation of the Emperor Napoleon III.'s sleeve-links, set in a gold box, to Sir William Gull, by the Empress Eugenie. Men of science rarely receive British decorations, and, indeed, many of our highest savans have followed the example of Faraday in refusing them. There is no special order of merit for eminence in science and literature; and when knighthoods and baronetcies are conferred the savant commonly finds himself on his way to Windsor or Osborne on the same train with aldermen, common-councilmen, provincial mayors, and successful traders, and the honor is considered equivocal. The true title of scientific honor here is F.R.S., and the fellowship of the Royal Society is the most creditable title of nobility which can be attached to a man of science.

At the last election into the Royal Society very few medical men were admitted, and those chiefly on other than purely medical grounds. Sir Alexander Armstrong was admitted as head of the Naval Medical Department, Dr. Roylston Pigott as a greatly accomplished mathematician and microscopist, and Dr. Aitken, Dr. Paget, and Dr. Beddie, as possessing official or scientific claims apart from merit as practitioners. Dr. C. B. Radcliffe, well known in both hemispheres as an eminent physician and physiological inquirer into the electrical conditions of nervous and muscular action, has been long a candidate, and hoped this year for admission, but vainly. Ingenious as are his theories of muscular contraction, they are opposed to the conclusions of all other electro-physiologists, and are looked upon as illogical and wholly unsound. But his fate was sealed by his recent Croonian Lectures at the Royal College of Physicians, this year, on Certain Nervous Affections of the Brain and Spinal Cord, which have been printed in two of the weekly medical papers. The first of these was heard and read with ineffable bewilderment by his grave auditory at the College of Physicians. It was nothing else than a direct manifesto in favor of spiritualism. Mind, he declared, preceded matter, in his belief, and had a separate existence outside it: he inclined to the view that the two were in a mystic relation of cause and effect, mind

being capable both of forming matter and of sphering or encysting itself outside of matter. The whole lecture must be read to be appreciated; but rarely has so much crude hypothesis of undigested metaphysical character been brought before an intelligent professional audience. The lectures were given just before the election of the Royal Society, and, although they have given a great deal of satisfaction to the mass, who regarded them, oddly enough, as having a religious tendency and serving as a protest against "a growing materialism," they have decided unfavorably Dr. Radcliffe's scientific pretensions. Sir Henry Thompson was "up for election;" but this was his "first time for asking," and the Royal Society expects the banns to be put up at least twice, and usually three times.

Apropos of Sir Henry Thompson, it may be mentioned that the current gossip here is that he has been rather "jockeyed" in the matter of the presentation of Napoleon's "sleeve-links in a gold box" to Sir William Gull, which has been solemnly announced in all the papers. Sir Henry had received some very handsome recognitions of the Empress's appreciation of his skill and devotion,—among these, a unique example of ancient Chinese art, a box of great size, in superb "lacquer," part of the spoils of the summer palace of the Emperor of China, removed from Fontainebleau. The Empress had shown it to Sir Henry Thompson during his stay at Chiselhurst, and, as he is an accomplished artist, and lover of art, he expressed his warm admiration of it in terms which showed that his appreciative power was equal to his warmth of admiration. The Empress subsequently requested his acceptance of it, accompanying the box with a graceful autograph letter which conveyed the intimation that the box had been in two palaces,—of China and of France,—the fortune of war had twice uprooted it, and now she hoped he would value it sufficiently to give it a quiet resting-place in the country which was the asylum of kings and the resting-place of the exiled. Sir William Gull gracefully waived, it is stated, all claim to outstanding fees, amounting, however, to a comparatively small amount; and the sleeve-links represent the imperial thanks. Sir Henry refused, it is said, to accept more than one-half of a check for two thousand guineas which was handed to him for his services.

We are now at the Whitsuntide holidays, and thus have notice that the active season is drawing to a close. Already the Pathological Society has ended its sittings, and the other societies are at their last meetings. Parliament has nearly ended its active labors. We are for the most part thankful to it for what it has done in rejecting the proposal to repeal the Contagious Diseases Acts. These Acts, as you are aware, provide that in garrison towns every known prostitute shall be liable to periodical examinations by public surgeons, with a view to prevent and cure venereal affections to which they are liable, and which, through them, cause a large proportion of sickness and inefficiency in the military and naval services. A most fervent and powerfully organized opposition has been carried on now for several years,—so loud, so active, so ubiquitous, and so lavish of expenditure that it reminded one of the political leagues of earlier days; and it was reinforced with great draughts of power by the leading nonconformist clergy, as well as by many dignitaries of the Established Church. Mr. John Stuart Mill and the Rev. F. D. Maurice were the most respectable of the opponents of the Acts; and a great number of ladies, including Miss Nightingale, have waged unceasing war against them. The medical profession were in their favor almost to a man; but a sort of terrorism has been exercised which, it was fully anticipated, must lead to repeal. The women, the laboring-men, and the religious classes having been united in a vigorous crusade against the Acts, it was feared that the members of the House of Commons would succumb in large numbers to the electoral pressure put on them on the eve of the now approaching dissolution of Parliament; but the press has been almost unanimous in supporting the Acts, and the figures which were published prior to the debate were so strongly illustrative of its sanitary benefits that their eloquence reinforced the courage of the supporters of the Acts, and a decisive battle was won in their favor. No doubt, however, the contest will be renewed at the hustings, and some seats will be lost over it.

A bill is before Parliament which will make our vital statistics very complete. They are already highly valuable, and more reliable than those of any other European nation, but they are vitiated by insufficiency of registration of deaths in cases where no medical man has been in attendance. The present bill, which has passed through the House of Lords and is now before the House of Commons, makes the registration of all births and deaths compulsory. It does not, however, provide for the payment of medical men for their certificates, but demands it of them, as a duty to the state; and this view of the case is being energetically contested by the British Medical Association, which possesses great Parliamentary influence. Those of your readers who have a turn for vital-statistical discussions will find, I may mention, a most trustworthy and readable abridgment and analysis of the two heavy folio volumes (pp. 614 and 576) of the last English census in a thin octavo recently published by Messrs. Stanford & Co., from the pen of Mr. James Lewis, of the General Register Office. It is entitled "A Digest of the English Census of 1871." The published official returns of the census of 1871 may be had of the Government printers by those who desire all the details. While mentioning books, I ought to speak to you of one which is not, perhaps, likely to receive the notice which it deserves, owing to its rather abstruse character. It is Haughton's "Principles of Animal Mechanics." The author is the Rev. Professor Haughton, M.D., D.D., F.R.S., Registrar of Trinity College, Dublin. He possesses remarkable qualifications, and has produced a very noteworthy volume. Dr. Haughton is equally accomplished as a divine, a naturalist, a physician, a mathe-

matician, a politician, and a wit. He is, you perceive, a sort of Admirable Crichton,—not by affectation or pretension, but by natural ability and extraordinary quickness of intellect, combined with great industry and general sympathy with all classes of minds. He is perhaps especially eminent as a geometrician and a naturalist. In this book he has worked out by geometrical methods of great beauty and originality the solution of some very difficult problems, and has aimed at completing the work begun by Borelli in 1680, in reducing to mathematical form the laws of muscular and osteological construction in the animal kingdom. Among the more interesting chapters of the book are those in which the author discusses the hip-joint, showing that the centre of the acetabulum is so placed as to allow each muscle to do the maximum of work; that on the arrangement of the fibres of the heart, in which he arrives at a similar conclusion; and the mechanical investigation of the muscles employed in parturition. Dr. Haughton puts forward a great number of proofs of a teleological postulate that "The Framer of the Universe has constructed all muscles on the principle that each shall perform the maximum of work possible for it under the given external conditions." He finds nothing tentative, nothing useless, nothing imperfectly adapted to its obvious end. Contrasted with this it is curious to read another book by a great physicist, which has recently appeared from the English press,—a translation of Helmholtz's popular essay on "Subjects of Physical Science," edited by Professor Tyndall. In the lectures on the eye—which are admirably translated by Dr. Pye Smith—Helmholtz points out so many imperfections in the construction of the human eye as an optical instrument that he concludes that from it the strongest arguments may be derived for the Darwinian theory, since it is only by such a theory that they can be explained. Finally, I think I should mention to you the "Handbook for the Physiological Laboratory," by Sanderson, Foster, Klein, and Brunton, as one of the chief scientific events of the season. It is full of great faults, which have been severely exposed in a long review which has caused a great deal of discussion here; but its merits overpower its faults, and it is admitted on all hands to be the most original and trustworthy book which has yet appeared on the subject in any language, and one which will be invaluable to medical students. It is, however, destined to no very long popularity; for a similar handbook by Professor Rutherford is about to be published, which will probably be much more homogeneous and compact, and will be not less trustworthy, while it will be less bulky and diffuse. Altogether, there is great animation in medical publishing here.

OUR PODUNK LETTER.

PODUNK, June.

DEAR TIM,—You will be glad to hear that I am now Health Officer and President of the Board of Health of this metropolis; and I find that your advice to go in for hygiene as a promising lead was sound, as it generally is. I made my first move in the department of ventilation,—got up a new system by putting the openings at the middle, instead of top or bottom; and my new American Universal Ventilator is a success,—can be applied to anything, from a hat to a hospital, and is now being introduced by order of the Board of Health into every chimney and hack in this town. I get three dollars royalty on each one: how high is that? I am now getting up a hygienic cooking-stove with disinfecting attachment, and I don't think there is less than five thousand dollars in it. But to come to the point: I am going to start a daily hygienic journal, *The Podunk Sanitorial Cosmopolitonian*, to be printed on medicated paper and of suitable size. I want you to write some articles for it, urging, from the legal point of view, the necessity for legislation on the subject, and for a Central Bureau of Hygiene; and I want you to write, or get some one to write, an article on the climate of this part of the country as good for cancer and baldness.

The climate changes pretty often and pretty fast,—is hot, and foggy, and damp, and raw, and couldn't be recommended for consumption no way. But there are no cases of cancer here, for the last one died about two weeks ago; and the druggist told me he had three pounds of cundurango left, and no customers; and did I think it might be good for anything else,—such as granular lids, or biles, for instance?

Well—don't you see?—the climate here must be good for cancers, and you can say as much as you like as to its effect on the baldness. What I propose to do for the science of Hygiene is to make it practical, you know,—bring it before the public in such a way that none will know it but to love it, so to speak. The demand of the age is for statistics, and I am going to have some. Take corns, for instance. The average is 1.3007 to each individual. But what a corn-doctor wants to know, and what the spirit of the age demands, is precise data as to the influence of locality, climate, diet, and ventilation upon their growth and development. And the *Cosmopolitonian* will have those data, for I am going to make them.

I shall advocate congressional legislation, of course; and that's where I want your assistance. What I favor is a corps of United States Sanitary Inspectors,—say one for each State and Territory, and a dozen for Europe and Asia. Have a handsome series of blanks prepared, including all possible questions, and let the inspectors report once a month. I suppose there would have to be some sort of a head-centre for them to report to; though there are some objections to it. Depend upon it, that is the system that is going to be established, and you can't do better than put yourself in training for one of the inspectorships by writing some sanitary articles for me. Of course, we must organize and keep out the quacks, who are intruding everywhere: there's one on the Board of Health here, who got the place on the strength of a sanitary tooth-brush with a hollow handle to be filled with hygienic powder, which passes out be-

tween the bristles, on the principle of Mason's potato-drill. I'd like to put one of my ventilators into the side of his head.

By the way, I could get the office of chemist to the board created, and hold it myself, if you can find me a good, competent man for assistant who will run the department and not blow about it.

To return to the organizing. The National Health Association have got the start of us, but they have taken in a number of people who don't care about office, —in fact, who have got good places now,—and, therefore, will criticise and object to all moves which will be of any "practical use" to the organizers.

If I hadn't thrown away time and opportunities I might now, perhaps, be in Washington in a comfortable office as Chief of the National American Republican Sanitary and Hygienic Enforcement and Vitally Statistical Bureau, and, if I was, I can tell you that the N. A. R. S. H. E. V. S. Bureau would be an institution worth caring for. But the bloom has been brushed from that idea, and we will go in on a bigger platform.

Yours, as usual,
D. D. DOUCEIT.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MAY 22, 1873.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. GEORGE C. HARLAN exhibited a specimen of *caries of the tympanum*, and said the case of the patient from whom this specimen was taken was reported in the *Medical Times* in November last (No. 55). She was a delicate girl, 22 years of age, whose mother had died of phthisis. She had been subject to an occasional discharge from the left ear since early childhood, and death resulted from an abscess of the brain following upon a violent attack of otitis, which involved the tympanum, mastoid cells, and external meatus. The abscess was as large as a hen's egg, and rested on the upper surface of the petrous bone, from which it was separated by the membranes and a thick layer of lymph. There was a small opening through the membranes.

Nearly half of the roof of the tympanum from the entrance of the Eustachian tube backwards is destroyed, and the upper part of the posterior wall is gone, the tympanum and mastoid antrum forming one continuous cavity. Nothing remains of the roof of the mastoid antrum but a thin bony scale with large perforations. The outer part of the posterior wall of the external meatus and the bone around it are honeycombed, and contain sinuses leading to the mastoid cell. Notwithstanding the extensive destruction of the walls of the tympanum, the portio dura escaped; there was no facial paralysis, though the nerve was exposed at several points by openings in the aqueduct of Fallopius. The membrane was destroyed, and there was a large polypus just within the tympanum.

The development of the temporal bone is very deficient for an adult. The mastoid process is little more than rudimentary, and the vertical cells are not formed.

The anterior and inferior wall of the meatus is deficient, I believe principally from defective development, as the disease does not seem to have followed that direction to any great extent.

Dr. WILLIAM THOMSON had examined both eyes of Dr. Harlan's patient and found in each "choked disk." In making post-mortem examination they were unable to get the posterior portion of either eye. But he had removed the optic commissure, with a view to determining whether any change was present posterior to the retina in the optic nerve. In comparing sections of this optic commissure with sections of a healthy one, he had found the nuclei of connective tissue much more numerous on the commissure from the affected eye than on that of the healthy one.

Dr. R. M. BERTOLET said the diagnosis of brain-disease in connection with purulent disease of the middle ear is very obscure. The symptom of choked disk in this connection was a new one to him; and he thought that even this could not be relied upon, since it is possible to have meningitis without it. The diagnosis of thrombus of the sinus transversus can only be made with certainty when pyæmic symptoms are present,—irregularly recurring chills, evidences of metastatic foci in the lungs, liver, etc. When these manifestations are absent, and we have only symptoms of brain-irritation, which may be dependent upon a concomitant meningitis or encephalitis, then the diagnosis must at best be doubtful. Gerhardt mentions as a pathognomonic symptom that the jugular vein on the same side with the occluded sinus is scantily filled. Nor is this to be relied upon; since post-mortem examinations have revealed thrombus of the transverse and inferior petrosal sinuses existing on the side on which the jugular vein was still well filled. Nor is the symptom of painful œdema of the mastoid process to be relied upon; since we often have thrombus of the sinuses without this, and we frequently have marked swelling over the mastoid process without inflammation of the brain. It is also sometimes difficult to establish the connection between the middle-ear trouble and the inflammatory condition of thrombosis or of cerebral abscess. Some time ago, however, he met a case with caries of the middle ear involving the auricles principally, and on the same side thrombosis. In this case he thought that inflammation and phlebitis of the lateral sinus must have been established by means of the very small veins which run through corresponding openings in the petrous portion of the temporal bone, since the tegmen tympani remained intact.

Dr. JAMES TYSON asked of those interested in this subject whether central nervous disease producing deafness, as a tumor pressing upon the origin of the auditory nerve, was ever found to have been attended by changes in the normal structure of the organ of hearing.

Dr. C. H. BURNETT said that he knew of no observations bearing upon this subject except those recently published by Levi, in Paris, who furnishes illustrations of the membrane of the tympanum in certain cases of cerebro-spinal meningitis, in which the membrane had undergone symmetrical changes in color to about one-quarter their extent, assuming in this area (antero-superior quadrant) a chocolate hue. He had himself examined the membrane of the tympanum in several cases of cerebro-spinal meningitis, but discovered no change.

Dr. JAMES TYSON exhibited *a tumor of the cerebral meninges* removed from William K., colored, age 45, native of North Carolina, admitted to the Philadelphia Hospital May 15, 1873, with syphilitic history. When admitted, he complained of muscular pain, more particularly in the flexor muscles of the left arm, which he attributed to rheumatism. There was impaired motion of the left fore-arm, and he said he had been paralyzed; but he could give no account of himself. When first seen by Dr. T., May 16, 1873, he could not or would not

talk, but, muttering, placed his hand to his head when urged to answer. That morning, however, he walked without assistance to the water-closet and into the yard. He could also move all his limbs, though that of the left fore-arm and hand was deficient in power. He continued thus walking about the ward until the afternoon of the 17th, when, having eaten his dinner, he said he felt badly, and went to bed. The captain of the ward, passing the bed a little later, noticed a twitching in the muscles of his face. Half an hour later he became comatose. In this condition his right pupil was largely dilated, the left decidedly contracted, to a pin's point, and there was apparently no motion or sensation. His breathing was stertorous, his pulse 75, and full, and his temperature 98°. He continued thus until the evening of the 18th, when his pulse ran up to 140 and became exceedingly weak, and he died on the morning of the 19th.

Post-mortem examination revealed three adjacent tumors on the under surface of the dura mater, over the right middle lobe, 1½ inches to the right of the median line. The largest of these was as large as an English walnut; the second, of irregular shape, was composed of two portions—a smaller, three lines in diameter, a larger, six lines. The third was a flattened oval mass, eight lines long and four wide.

The specimen was referred to the Committee on Morbid Growths, who reported as follows:

"Your committee, having examined the tumor presented by Dr. Tyson, find it to be a rare specimen of *primary sarcoma* of the cerebral meninges. The origin of the two growths has evidently been from the arachnoid, although the basal portions are pretty firmly adherent to the dura mater.

"The size of each of the tumors is nearly that of a walnut; the consistence soft.

"The cells are principally of the spindle-shaped variety, with here and there giant cells (myloplaques). The intercellular substance is scantily developed. Numerous blood-vessels exist in all parts of the growth; while there is a remarkable absence of any pigmentary cells."

Dr. TYSON also exhibited a specimen of *gastric ulcer perforating a blood-vessel, from which hemorrhage and death ensued*, removed from J. D., age 31, born in Germany. His father and mother were living five years ago; he has not been a drunkard; he contracted syphilis in 1865, and secondary symptoms appeared later.

In July, 1872, he first noticed a "fulness" in the stomach, with pain in the left side. This continued until a week before Christmas, when he vomited about a pint of dark, black blood, which came up in "lumps." The hemorrhage was preceded by vertigo.

About a week after Christmas he had a similar attack of vomiting. He has been feeling badly ever since he had this first vomiting of blood, but was able to be about until last Thursday (May 8, 1873), when he had another attack of vertigo of about five minutes' duration. After the vertigo passed off he vomited a large quantity of dark, black blood, which amounted, according to his own statement, to nearly a gallon. He was admitted to the hospital May 12, 1873, when he was exceedingly weak and anæmic.

His bowels were always constipated, and he complained of a "burning fulness" about fifteen minutes after eating, and especially after taking solid food.

There was no pain on pressure, except at a small spot to the left of the epigastric region.

On May 14, 1873, he vomited thirty-four ounces of dark, clotted blood, and soon afterwards died.

The post-mortem examination revealed the presence of a gastric ulcer in the larger curvature of the stomach, about three inches from the cardia.

The stomach contained ten ounces of coagulated blood. The head of the pancreas was decidedly hard, containing nodular deposits, the exact nature of which was not determined.

The brain, kidneys, and liver were exceedingly anæmic.

Dr. F. H. GETCHELL exhibited a *calculus three inches long, one and a quarter wide, and three-eighths of an inch in thickness, formed about a hair-pin as a nucleus*, which he had that day removed from the vagina of a girl aged nineteen. Towards one end of the calculus was a concavity, into which was adapted the neck of the uterus.

Dr. H. LENOX HODGE said that he had often found pessaries thus incrusted, and in these instances there was reason to believe that the incrustations were due to deposits from urine.

Dr. GETCHELL said this calculus was removed from a woman who was a chamber-maid, whose occupation required her to be more or less constantly on her feet.

Dr. J. EWING MEARS mentioned a case which had come under his observation, in which a surgeon removed from the vagina a pessary which had been in position over nine years, which had a coating of inorganic matter. The coating was much thinner than that of the specimen under discussion. He could not say whether this was due to any difference in the material of the substance upon which the deposit formed. He had himself removed a glass pessary which had remained in the vagina for fourteen years. This had also but a slight coating.

Dr. TYSON said there must be extraordinary differences in the quality of the secretions of different females, since he had recently removed a pessary which had been in the vagina eight years, which on removal was as free from deposit as it must have been at the moment of introduction.

Dr. JOHN ASHHURST, JR., said that in considering the different rates of deposit noted in connection with these vaginal accumulations (which he suspected were really derived from the urine in most instances), it should be borne in mind that the rate of urinary deposit in the formation of vesical calculi was also very different in different cases. It sometimes happened that the deposition from phosphatic urine was so rapid that in attempting to remove a stone by lithotrity it was found that the accumulation in the intervals between the sittings actually exceeded the amount removed at each operation. So also when foreign bodies were introduced into the bladder by accident or otherwise, the rate at which concretions were deposited was by no means constant, the foreign bodies sometimes soon assuming a large size in consequence of such deposition, while in other instances they remain a long time with little or no incrustation.

Dr. HODGE said that in corroboration of these remarks he might say that he once removed from the bladder of a female the end of a female catheter which had been in the organ twelve years, and it was totally without incrustation, being simply blackened.

Dr. GETCHELL had also removed from a female the end of a catheter which had been in the bladder twelve years. It also was without incrustation and simply blackened.

Dr. C. H. BURNETT asked whether a loss of substance did not sometimes occur in pessaries while in the vagina, since a case had recently come under his observation in which this appeared to have taken place.

Dr. HODGE said that before the introduction of the hard-rubber lever pessaries, nothing that could be used in that shape had been found to resist the corrosive action of the fluids of the vagina except gold, and that only for a short time. The corrosive power, however, is very different in different women.

Dr. HODGE also stated that previous to the hard-rubber his father had used silver, plated as thickly as he

could get it with gold, and that it was in compliance with an urgent request of his father to devise something that would not be thus acted upon, that he himself suggested the hard-rubber. The first pessaries used were the hard-rubber rings made for the harness of horses.

The specimen was referred to a special committee, composed of Drs. H. B. HARE and JAMES TYSON, for examination and report.

The committee reported as follows:

"The committee appointed to examine the calculus removed from the vagina by Dr. F. H. Getchell report that the exterior is composed solely of phosphate of lime. The committee regret that they were not permitted to make a section of the stone, as the examination confined to its superficial portion adds nothing to the value of the specimen and makes it a mere curiosity."

Dr. GETCHELL also exhibited a small *breast-pin* which he had removed from the vagina of a young girl.

Dr. GETCHELL also presented a specimen of *albuminous urine* from an adult male, in which no one had heretofore found casts, although the quantity of albumen was considerable.

This specimen was also referred to Drs. HARE and TYSON, who reported as follows:

"The committee to which was referred the specimen of albuminous urine presented by Dr. F. H. Getchell report that it contains a bulk of albumen equal to about $\frac{1}{16}$ of that of the fluid tested, and that in it were found a few granular casts. It believes the case to be one of contracted kidney."

Dr. DE FORREST WILLARD presented, for Professor D. H. AGNEW, a *contracted liver* from A. B., 60 years of age; a frequenter of club-houses during life; constantly drinking to excess, but never to intoxication. His health had been slowly failing for the last five years, but he was not confined to the house until about six months before death. Ascites and œdema of lower limbs became very troublesome during the last four months of life, and strength gradually failed. He was tapped in March, and several gallons of liquid drawn off. The abdominal distention soon returned, however, and he died in the middle of May, from exhaustion and peritonitis.

Autopsy.—Peritoneal cavity filled with several gallons of bloody serum. At brim of pelvis, at various points in the iliac fossæ, and in the lumbar regions were blood-clots, some of them an inch and more in diameter, others smaller. They were mostly within the peritoneal cavity, but a few were found in the subperitoneal connective tissue. Those lying upon the peritoneum were confined and enclosed by a layer of lymph. Throughout the entire surface of the membrane, both parietal and visceral layer, were bands of lymph which bound all the intestines and every abdominal organ firmly into one mass. Careful and accurate search was made to ascertain whether an abnormal blood-vessel could have been situated directly in the median line; but no trace of one could be discovered, and it seemed evident that the hemorrhage had occurred from capillary oozing, possibly due to the removal of pressure from the vessels by the previous tapping, although a bandage had been applied during the operation. The liver was so exceedingly contracted that it had lost all resemblance to such an organ, and was merely a hard, round ball about the size of one's two fists. The left lobe had been so entirely removed that scarcely a trace of it remained. The connective tissue preponderated greatly over the hepatic; in fact, there was but little of the latter substance remaining. A thick layer of lymph covered in the whole organ and its gall-bladder, giving it an appearance which rendered recognition almost impossible. Upon section it was dense, firm, and tough; the spleen was greatly enlarged, being seven or eight inches long, five wide, and two and a half thick. It was also so condensed and firm that upon section it appeared of the density of the liver in health, and presented all the appearances of that organ to the unaided eye. Under the microscope the structure was found to consist almost entirely of connective tissue, but few splenic elements being present.

The kidneys were deeply congested, slightly enlarged, fatty, and in the pelvis of the left was about one-half drachm of pus.

The stomach bore, upon superficial examination, no decided evidences of disease.

The visceral layer of the pleura of the left lung was bound to the parietal layer by strong, firm adhesion.

Right pleural cavity filled with liquid, and both lower lobes of lung collapsed.

The heart was small, but valves healthy. Brain not examined.

Dr. TYSON, in allusion to the hemorrhage spoken of as having occurred at the tapping, referred to a case related to him by Dr. William Pepper, in which abdominal tapping was practised for ascites attending hepatic disease, and, after a considerable quantity of fluid had been drawn off, bloody serum began to flow, followed soon by a flow of pure blood. After a short time the tapping was discontinued, the opening closed, and no bad symptoms followed. This was explained by the removal of previous pressure from the capillaries, in consequence of which the leakage took place.

Dr. JOHN ASHHURST, JR., referred to the fact that similar accidents had occurred in tapping large serous cysts, from which, after the evacuation of the cystic fluid, there was sometimes a flow of bloody serum, and ultimately of pure blood, and added that in such cases, unless care was taken, serious consequences might actually ensue from the hemorrhage. The explanation of the occurrence was, of course, that capillary bleeding followed the sudden diminution of pressure, and a like accident might, Dr. Ashhurst thought, well occur after paracentesis of the abdomen, particularly if the precaution of employing a bandage during the operation had not been observed.

Dr. H. LENOX HODGE exhibited the *head and neck of femur removed by excision in a case of coxalgia.* The operation was performed at the Children's Hospital on Wednesday, May 14, and thus far the patient has done exceedingly well. He is a boy, eleven years of age. His mother died of consumption. His father is alive, and in good health. He was admitted to the hospital about one year ago, and during a portion of the summer was sent to the Hospital for Convalescents, at Atlantic City. A few months ago an abscess formed, which pointed, on the front of the thigh, and still remains open. The head of the femur was out of the acetabulum and drawn backwards on the ilium. Ulceration had nearly destroyed the head of the bone, and the under surface of its neck was bare, the periosteum having been separated. The anterior and inferior portions of the rim of the acetabulum were extensively diseased, having sharp edges and being uncovered by the periosteum.

Dr. WILLIAM DARRACH exhibited the *arteries from the base of the brain, from a case of softening with hemiplegia.* The patient's age was 62; he was temperate, a bachelor, a gentleman of leisure and means. On October 14, 1872, he was taken sick at his hotel about 5 o'clock P.M. He was carried up-stairs to his room unconscious. At 8 P.M. a physician saw him; he was still unconscious; cups were applied, and he was bled. At 8 A.M. he was conscious, and hemiplegic on the right side. The paralysis continued until about the latter part of November; he then walked about, came down-stairs, and even engaged in a game of croquet. In the middle of December he grew worse, and again lost power of limbs; very restless and excited at night; he

imagined himself in the street; his dreams were realities to him; but during the day his mind seemed clear about his affairs; he realized his critical condition, and gave his brother power to act for him; he told his sister what he desired to do with his property, and seemed anxious about his condition: he said he would not get well. *Aphasia* was a prominent symptom; restlessness at night; occasionally great irritability; nausea in the morning. Pulse about 80, sometimes intermittent. At times he seemed to suffer pain in the right shoulder; he never complained of headache, but sometimes of pain in the bowels. There was occasionally spasmodic action of the muscles of the left arm and leg during the last two days of his sickness.

The *breathing* was *peculiar*,—*heaving* like a woman's. The day before his death he seemed very much depressed, and spoke of his disease as real estate, and of himself as a third person; but still, the day before, he told about his own case, and asked the difference between palsy and paralysis.

Post-mortem.—Brain.—Opacity, and deposits in pia mater of both hemispheres. The left lateral ventricle contained a yellowish-white mass in the corpora striata. Considerable effusion, with great softening.

The arteries showed marked abnormal condition along their whole course. The vessels seemed much thinner in some parts than in others.

The *basilar artery* was flattened, and of a yellowish color, the walls very much thickened at some parts and thin at others.

The communicating arteries appeared to be merely fibrous.

The carotids were also thickened, especially the right.

From these appearances the case was looked upon as one of softening from anæmia of the brain, caused by degeneration of the coats of the blood-vessels.

The coats of the vessels were found to contain a great deal of fat.

The softening in the left ventricle was no doubt the cause of the attack in the month of October.

The heart was hypertrophied, but the valves were normal.

The liver was normal.

The kidneys were granular.

Dr. MEARS presented a *multilocular ovarian cyst*, removed by Dr. Washington L. Atlee from a patient æt. 42 years. The tumor involved the right ovary, and consisted of one large cyst, with several small cysts developed in the posterior wall. An interesting feature connected with the specimen was the quantity of fluid contained in the large cyst, measuring sixty-four pints. The fluid was of a deep chocolate color, highly albuminous, very viscid; specific gravity 1030. Under the microscope it showed a large number of blood-corpuscles, granular débris, and compound granule-cells.

Dr. HODGE asked whether anything had occurred in the prior history of the case to give rise to the presence of such bloody fluid, such as a fall or similar cause which could rupture the blood-vessels of a cyst.

Dr. MEARS replied that nothing of this kind had occurred, so far as he could ascertain.

REVIEWS AND BOOK NOTICES.

OPHTHALMIC CONTRIBUTIONS.—I. DERMOID TUMOR OF THE CORNEA. II. AN ADDITIONAL METHOD FOR THE DETERMINATION OF ASTIGMATISM. III. CYST OF THE IRIS, REMOVED BY OPERATION. By GEORGE STRAWBRIDGE, M.D., Lecturer on Diseases of the Eyes at the University of Pennsylvania, etc., etc.

The first paper gives an account of a dermoid cyst removed from the cornea by an operation, with a good result, and adds one more to the cases already on record. The second describes a clinical method of examination of astigmatism which combines those advised by Donders, Snellen, and Dr. Green, in a simple and useful form. The third recites the clinical results of a successful operation for the removal of a cyst of the iris, and gives a short résumé of the literature of the subject. These papers are tersely written, and form a valuable contribution to ophthalmic surgery.

SELECTIONS.

SIR JAMES PAGET ON THE TREATMENT OF BED-SORES.

FIRST of all, look to the bed. Good bed-making is an indispensable thing in the prevention of bed-sores. Several beds have been made especially for this purpose, of which the best is Dr. Arnott's. It consists of a chest full of water; on the top of this is a waterproof sheet, and over this an ordinary sheet on which the patient is laid. Here the patient is absolutely floating on water. The waterproof sheet is not drawn tight, but adapts itself to every part of the patient. A patient might lie on this for years and never have a bed-sore. Inferior to this, but very good, is Hooper's bed. Here the waterproof on the bed is tight. They will avert bed-sores for a long time, but I should not like to say that a patient would never get a bed-sore on them. But you cannot have these everywhere; you can't take them about to every one who may need them, and there are many cases in which they cannot be used at all, as in cases of fractured neck of femur, acute inflammation of knee-joint, and many others.

In ordinary beds the best thing is an ordinary firm mattress of horse-hair; and it must rest on boards. Cords are the worst possible things; as after twenty-four hours or so they give under the weight of the patient, and the most prominent parts are pressed upon. Iron gives after two or three weeks. Not so boards. It must be quite level. Under the horse-hair it is better if possible to have a spring or straw mattress. Feather-beds and the like are, of course, to be utterly condemned. If possible, have two beds, so that you may lift the patient into the other when it wants making. You thus avoid making beds under him.

The next thing is to harden the skin. The best application for this is a solution of one part of nitrous ether in three of water. If the back is frequently washed with this, bed-sores may be completely averted. There is in the hospital a man paralyzed in his lower limbs; he has been in this state for ten months. By the good nursing of the sister of his ward, bed-sores have been kept away. This application of nitrous ether has been used. Solution of one grain of perchloride of mercury, with two drachms of nitrous ether, and six ounces of water, is another good thing. Whisky is used in Scotland, as is brandy sometimes in England; but these are not so good. In Germany they use a solution of tannic acid. When the parts look as if they were going to slough, these spirit applications may be too strong, and then a solution of gutta percha in chloroform is very useful. Next we have to prevent pressure on those parts where bed-sores are likely to occur. These are the middle line of the sacrum, after that, in thin persons, the posterior-superior spines of the ilium, and the sacro-iliac articulations, then the trochanters of the femur. The chief thing is a frequent change of posture. If a patient can lie in four different positions during the day, bed-sores may be prevented. He may lie on his back, each side, and on his face. Of course, you couldn't make a stout person lie on his face: he

would simply suffocate. This change prevents the gravitation of the blood. This may easily be seen by looking at the back of a subject in the post-mortem room. The back is quite red from this cause.

When patients lie on their backs, they may be saved for a time by dividing a mattress and leaving a space of six inches between the halves. You may thus save the sacrum, which will have no pressure on it. The case before referred to was treated so, but sores came on the ilium and trochanters.

Large cushions made of amadou in the shape of a horse-shoe are very good. Pads of cotton wool may also be used with advantage. In speaking of the mode of curing bed-sores already formed, let me remind you to continue your preventive treatment just as if there were none, lest they come in other parts.

During the sloughing there is nothing better than a poultice of equal parts of linseed and bread and enough charcoal to have a deodorizing effect. Carrot and turnip poultices are also deodorizing, but they are not so good as the first. The poultice is best spread on ordinary tow. When spread on linen, etc., folds are liable to form, and if the patient is on these they promote the bed-sore. When slough begins to separate, the resin or other stimulating ointment should be spread on the surface of the poultice.

When the slough has separated, the sore should be dressed with resin ointment or Peruvian balsam, or equal parts of these, in the following manner: little bits of cotton wool should be slightly spread with the ointment, and put into the sore until it is quite full. They thus make an equable soft surface for the sore. These are the chief local means for curing bed-sores. As regards internal treatment, don't stimulate. Let the diet be gentle but good; plenty of milk and bread, little or no meat, and a small quantity of wine.—*The Student's Journal.*

GLEANINGS FROM OUR EXCHANGES.

On the Relations of Faradaic Electricity to Pain.—Among the varied and important therapeutical uses of electricity certainly one of the most prominent is the relief of pain; and, as pain is so common and often so troublesome a thing to deal with, it is natural that practitioners should eagerly seize hold of what promises to be a new mode of relieving it, without inquiring very minutely as to the precise conditions upon which success depends. One of the most fruitful causes of failure and disappointment in this connection is the neglect to discriminate between cases requiring the use of the continuous current and those in which faradization is the suitable remedy. An excellent article in *The Practitioner* for June defines as follows the boundaries of usefulness of the latter therapeutic agent:

1. Faradization is useful as a *mental counter-irritant* in "hysterical" conditions when the mere concentration of attention on a particular part of the body will convert some slightly unusual sensations into the mental perception of actual pain.

2. Where the so-called "hysteric hyperæsthesia" exists, large mucous or cutaneous areas being unnaturally sensitive to superficial pressure.

In both these cases the skin should be dried, and the current applied unsparingly with dry conductors, one pole being placed over an indifferent spot, the other moved slowly about over the area to be operated upon.

3. Where the pains are situated in the muscular or tendinous structures and are closely connected with the degree in which the muscle has been over-exerted in proportion to its nutrition, faradization will usually remove them. Its action here must be strictly limited to the skin, by having the latter very dry, and using only dry conductors, as, if the current penetrate to the muscle and set up contractions, we shall only add to the agony.

4. In chronic fibrous rheumatism seated in the ligaments of joints, in fasciæ, and in periosteum, faradization may do good; but no positive results have yet been obtained.

5. In true neuralgia obviously following the track of a recognizable nerve, faradization is either useless when it does not penetrate beneath the skin, or hurtful when it brings on muscular contractions, as there are no such terrible exciters and aggravators of neuralgic pains as repeated intermittent impulses.

In regard to the regularity of the interruptions in the current, it may be said that in proportion as the malady is beyond the patient's own control it is desirable to employ a regular series of intermissions, and *vice versa*. That is, with a patient having none of the common convulsive phenomena of hysteria, but with some definite paralysis or anæsthesia, and whose skin presents a patch of acute tenderness, use a tolerably intense current with rapid and even intermissions. The patient should be placed under chloroform, and the dried skin should be well fustigated with the wire-brush of a Stöhrer's or Weiss's faradizer, the secondary current being employed of high strength. If the affection be one in which the morbidness of the will has much to do with the painful sensations themselves, no chloroform should be allowed. The electrodes should be brass disks, and a common magneto-electric apparatus may be employed, the current being arranged at a high degree of intensity, and the driving-wheel urged at a varying and irregular pace.

What are the Signs of Congenital Syphilis?—In a paper read before the Harveian Society of London (*Lancet*, May 24), Dr. Thomas Ballard discussed the subject of congenital syphilis, and endeavored to show that those conditions before birth, at birth, or some time after birth, which have been supposed to depend upon a syphilitic taint, can be explained by simpler and more obvious means. Acknowledging that a woman infected with syphilis is apt to abort and bring forth dead children, he denies that this is from the direct effect of the virus upon the fœtal organism, and asserts that "the death of the fœtus in utero is the consequence of some defect in the maternal system, resulting from its contamination by the syphilitic virus, and that it is not necessary to infer, neither is there evidence to prove, that the organism of the child is intrinsically affected by it." He believes pemphigus and other forms of erysipelatous disease occurring within a fortnight after birth to be pyæmic affections resulting from unhealthy suppuration of the umbilicus; and the coryza, thrush, and ophthalmia of new-born children to be due to external irritants, as cold air, sore nipples, and exposure to light. He thinks the cutaneous inflammations about the buttocks and thighs are usually caused by the contact of moist and frequently unclean flannel, and relates cases where such troubles disappeared in a few weeks after the mere removal of the napkins, though they had resisted anti-syphilitic treatment for many months. He concludes that "the records of cases of living children having been born with manifestations of syphilitic disease are so few as to allow of the supposition that they are not trustworthy," and that "the symptoms which are developed some weeks after birth, and are relied upon as pathognomonic of syphilitic contamination of the system of the child, are mere accidents arising from certain unfavorable conditions to which the child is exposed, and that they are all preventable or easily cured when the cause producing them is recognized."

SNAKE-POISONING IN INDIA.—The intravenous injection of ammonia in sufferers from snake-bite having unfortunately failed in India (whatever may have been its success in the hands of its originator, Dr. Halford, in Australia), renewed attempts have been made to counteract the poison by Prof. Fayrer, of Calcutta, than whom there is no higher authority on the subject. By a long series of experiments he has ascertained that while none of the so-called "antidotes" are of any avail, life may be prolonged and ultimately saved by artificial respiration. Dr. Fayrer found a strong analogy between the action of cobra poison and that of curara, the cure for the latter being the application of warmth to the body and artificial respiration. In this way, after apparent death for many hours, the poison is eliminated by the excreting organs, and the victim recovers. Curara paralyzes the peripheral expansion of the motor nerves, inducing asphyxia in the muscles of respiration. Cobra poison acts similarly, though Dr. Fayrer fears it may also do irreparable injury to the nerve-centres. Dr. Fayrer believes that, whatever the result when an overwhelming quantity of poison has been received, those cases in which a smaller quantity has been injected, and which, if left to themselves, would die, may by artificial respiration be saved. Acting on his suggestion, Mr. Richards, civil medical officer of Balasore, in the case of a dog, sustained the heart's action for ten hours, though convulsions had set in when he commenced artificial respiration. In another case he kept up the heart's action for twenty-four hours and thirty-five minutes. "The eyes had lost the glazed appearance, lachrymation was restored, and there was a winking of the lids on dropping water into the eye, attempts at deglutition when water was put into the mouth, and the heart beating vigorously."—*London Lancet.*

CASE OF COMPLETE APHASIA FOLLOWED BY CURE.—This interesting case is recorded by Dr. Grasset in the February number of the *Montpellier Médical.* The author has thus briefly summed it up: "A man with inveterate alcoholic habits, and presenting unmistakable signs of alcoholism, was suddenly affected, in the midst of perfect health, with vague malaise and gastric troubles, which he ascribed to indigestion; then suddenly, during a quarrel, he lost the power of speaking, was admitted the following day into the hospital, and then showed utter inability to express his thoughts in words or writing or by gestures. The intellectual faculties seemed entirely preserved, and all the movements were free, though there was slight hemiplegia of the left side. The phenomena gradually abated under the influence of revulsant treatment, and remarkable progress towards cure manifested itself one night after three attacks of epistaxis. From that moment recovery took place rapidly. Only, during convalescence, a sort of hemiplegia of the various senses was observed; but these phenomena gave way in turn, and the patient was dismissed, entirely cured, on the twenty-seventh day after the onset of the disease."—*London Lancet.*

RHEUMATISM OF THE GRAVID UTERUS.—Dr. E. H. Trenholme reports a case (*Canada Medical Record,* June) of rheumatism of the uterus occurring in a multipara during the sixth month of gestation. A sudden and severe attack of sub-acute rheumatism of the right shoulder was followed by agonizing epigastric and diaphragmatic pains, which were succeeded by tenderness and swelling of both knees. At this stage the uterus became the seat of the most intense agony, the other symptoms abating. The uterine pains continued for five days, resisting treatment by morphia, aconite, and powerful counter-irritation, but yielding finally to a mixture of iodide of potassium, bicarbonate of potassium, and wine of colchicum.

MISCELLANY.

MEDICAL PRIZES—BOYLSTON PRIZE.—At the annual meeting of the Committee, held June 2, 1873, it was voted that prizes of one hundred and fifty dollars each be awarded to David F. Lincoln, M.D., of Boston, for a dissertation on "Electro-Therapeutics," and to William C. Dabney, M.D., of Charlottesville, Va., for a dissertation on "The Value of Chemistry to the Medical Practitioner."

The following are the questions proposed for 1874:

1. The Best Methods of Preventing the Development and Spread of Smallpox.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

2. The Development and Extension of Malignant Disease.

The author of a dissertation on this subject, considered worthy of a prize, will be entitled to a premium of one hundred and fifty dollars.

The following are the subjects proposed for 1875:

1. Original Researches in Medical Science.

2. So-called "Concussion of the Spine."

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1875, will be entitled to a premium of one hundred and fifty dollars.

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday in April 1874 and 1875 respectively.

SNEEZING.—The custom of invoking a blessing upon persons who sneeze is, says Dr. Seguin, in a recent article on sneezing (*Archives of Scientific and Practical Medicine*), a most interesting one. Several old medical authors state that the custom dates back from the time of a severe epidemic (in which sneezing was a bad sign) during the pontificate of Gregory the Great. Brand, however, and the author of an article in "Rees's Cyclopædia," state that the phrase "God bless you," as addressed to persons having sneezed, is much more ancient, being old in the days of Aristotle. The Greeks appear to have traced it back to the mythical days of Prometheus, who is reported to have blessed his man of clay when he sneezed. In Brand the rabbinical account is given, that the phrase originated in the alleged fact that it was only through Jacob's struggle with the angel that sneezing ceased to be an act fatal to man. In many countries, sneezing has been the subject of congratulations and of hopeful augury. In Mesopotamia and some African towns, the populace are reported to have shouted when their monarchs sneezed. Sometimes, moreover, it is very important not to sneeze; and Dr. Seguin has discovered, what has been discovered before but is insufficiently known, that sneezing may be prevented by forcibly rubbing the skin below and on either side of the nose. And on this observation of himself, and of Marshall Hall, Diday, and the world generally before them, he bases an ex-

ceedingly interesting study of the physiology of sneezing in health and disease.—*London Medical Record.*

To Extract Grease-Spots from Books or Paper.—Gently warm the greased or spotted part of the book or paper, and then press upon it pieces of blotting-paper, one after another, so as to absorb as much of the grease as possible. Have ready some fine, clear essential oil of turpentine, heated almost to a boiling state; warm the greased leaf a little, and then with a soft, clean brush wet with the heated turpentine both sides of the spotted part. By repeating this application the grease will be extracted. Lastly, with another brush dipped in rectified spirits of wine, go over the place, and the grease will no longer appear, neither will the paper be discolored.—*The American Chemist.*

The Disorders of Diplomatists.—Talleyrand, it is said, spent a sleepless night in trying to discover what another diplomatist meant by having the scarlet fever. Pope Innocent XI. was always seized with a violent fit of coughing whenever Castlemaine, the English ambassador, pressed him for a cardinal's hat for Father Petre, the confessor of James II. Just before the Crimean war, the French ambassador at St. Petersburg, while awaiting important dispatches, very conveniently caught a rheum and housed himself. For two weeks, said a witty Frenchman, a pocket-handkerchief was the *drapeau de la France.*

Fecundity of the Mule.—A case of exceptional fertility in this hybrid is mentioned in the *Gazette Hebdomadaire de Médecine* for March, as having occurred recently at Orleansville, in the department of Algiers. A mule has given birth to a young mule perfectly formed. The medical men of the place have ascertained the fact, of which, indeed, many other examples have been recorded. What would be especially interesting would be to know whether this young mule will be fertile.

Medical Department, University of New York.—Professor Charles L. Ives, of Yale College, has been elected to fill the chair of Diseases of the Mind and Nervous System, in the Medical Department of the University of the City of New York.

To Remove Nitric Acid Stains from the Hands.—Wet the skin with sulphate of ammonia to which has been added some potash lye. This changes the dead skin into a soapy mass, which can easily be removed with sand or fine pumice-stone.—*Druggists' Circular.*

A Doctor recently went out for a day's shooting, and, on coming home, complained that he hadn't killed anything. "That's because you have not been at home attending to your legitimate business," replied his wife.

Puerperal Fever has been so prevalent in New York of late as to compel certain practitioners to send their patients out of town to be confined.

Weekly Return of Deaths and Interments in Philadelphia for the Week ending Saturday, June 28, 1873.

Diseases.	Adults.	Minors.	Diseases.	Adults.	Minors.
Abscess	2	1	Fever, Remittent	...	1
Anæmia	1	...	" Scarlet	...	13
Aneurism	1	...	" Typhoid	4	2
Apoplexy	1	...	" Typhus	1	...
Asphyxia	...	3	Fracture of the Skull	1	...
Cancer	2	...	" " Thigh	1	...
" of Liver	1	...	Gall-Stone	1	...
Casualties	5	1	Gangrene	1	...
Cerebro-Spinal Meningitis	2	6	Hemorrhage	...	1
Cholera Infantum	...	50	" from Uterus	1	...
" Sporadic	1	...	Hooping-Cough	...	2
Cirrhosis of Liver	1	...	Inanition	1	6
Congestion of Brain	9	10	Inflammation of Brain	1	11
" Liver	...	1	" Bronchi	1	1
" Lungs	2	3	" Heart	...	1
Constipation of Bowels	1	...	" Liver	3	...
Consumption of Bowels	1	...	" Lungs	3	4
" Lungs	33	11	" Ovaries	1	...
Convulsions	1	10	" Peritoneum	5	1
" Puerperal	...	1	" Stomach & Bowels	2	3
Croup	...	3	Intussusception	2	...
Cyanosis	...	2	Jaundice	...	4
Debility	8	14	Marasmus	...	18
Diarrhœa	1	3	Measles	...	1
Disease of Brain	1	...	Obstruction of Bowels	1	...
" Heart	15	2	Old Age	6	...
" Liver	1	...	Paralysis	6	...
" Stomach & Bowels	1	...	Rheumatism of Heart	1	...
Dropsy	5	1	Scrofula	...	1
" of Brain	...	3	Septicæmia	1	...
Drowned	8	2	Softening of Brain	1	...
Dysentery	2	...	Still-Born	...	23
Effusion on Brain	...	3	Suffocation	...	1
Erysipelas	1	2	Suicide	1	...
Fever, Catarrhal	...	1	Syphilis	...	2
" Congestive	1	...	Teething	...	2
" Continued	1	...	Tumors	1	...
" Puerperal	2	...			
			Totals	158	231

Meteorological Observations taken at the Signal Office, Philadelphia, during the Week ending Saturday, June 28, 1873.

Month and Day.	Barometer. Daily Mean	Thermom. Daily Mean	State of Weather.	Rain In.
June.				
Sunday 22d	30.05	73	Clear, Fair.	.....
Monday 23d	30.16	64	Cloudy, Lt. Rain.	.02
Tuesday 24th	30.14	62	Rain.	.53
Wednesday 25th	30.37	63	Fair, Clear.	.....
Thursday 26th	30.34	67	Fair, Clear.	.....
Friday 27th	30.05	71	Fair, Clear.	.....
Saturday 28th	29.81	76	Fair, Cloudy.	.01
Means	30.13	68		.56

The surface of the cistern of Barometer is located 71.92 feet above the mean level of the sea.

Barometer corrected for temperature, elevation above sea, and instrumental error.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JUNE 24, 1873, TO JUNE 30, 1873, INCLUSIVE.

Hartsuff, Albert, Assistant-Surgeon.—Assigned to duty at Sidney Barracks, Nebraska. S. O. 107, Department of the Platte, June 21, 1873.

Miller, George McC., Assistant-Surgeon.—When relieved by Assistant-Surgeon Delany, to comply with S. O. 113, c. s., A. G. O. S. O. 117, Department of the South, June 25, 1873.

Azpell, Thomas F., Assistant-Surgeon.—Granted leave of absence for six months on Surgeon's certificate of disability, with permission to go beyond sea. S. O. 124, A. G. O., June 20, 1873.

Delany, Alfred, Assistant-Surgeon.—Assigned to duty at St. Augustine, Florida. S. O. 117, c. s., Department of the South.